2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
03-14-2000 90034 043 ****61.25

DOCUMENT # N98000003895

1. Entity Name

MOTHERS & FATHERS CLUB OF NORTHERN HAITI, INC.

Principal Place of Business	Mailing Address
~~17 BLUEBILL AVE. #1001~~ ~~NAPLES FL 34108~~	~~17 BLUEBILL AVE. #1001~~ ~~NAPLES FL 34108-1764~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1666 Gulf Coast Dr.	1666 Gulf Coast Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Naples, FL	Naples, FL
Zip: 34110 Country: USA	Zip: 34110 Country: USA

4. FEI Number: 31-1631420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GROVE, BARBARA L
~~17 BLUEBILL AVE. #1001~~
~~NAPLES FL 34108~~

7. Name and Address of New Registered Agent

Name: Grove, Barbara L
Street Address (P.O. Box Number is Not Acceptable): 1666 Gulf Coast Dr.
City: Naples, FL Zip Code: 34110

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Barbara Grove 3/6/00
*Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROVE, BARBARA L 17 BLUEBILL AVE. #1001 NAPLES FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Crook, Nancy #5 Rt. Kenscoff Petionville, Haiti	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~GROVE, ERIC L~~ ~~222 KELLY~~ ~~JACKSON HOLE WY 83001~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAAG, KATHY M 78 VICTORIA KENMORE NY 14217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Grove 3/6/00 (941)-594-0657
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #